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FAX RECEIVED

DATE: July 25, 2002

TOTAL PAGES: 17
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 OUR REFERENCE: 9619.1012

JUL 25 2002

GROUP 3700

RECIPIENT	COMPANY	FAX NO.	PHONE NO.
Examiner M. Hindenburg	United States Patent & Trademark Office	(703) 305-3590	(703) 308-3130

Re: Response to Office Action, subsequent Interview Summary of 7/17/02

For: U.S. Patent Application for
 METHODS AND APPARATUS FOR SECURING MEDICAL
 INSTRUMENTS TO DESIRED LOCATIONS IN A PATIENT'S BODY
 Inventor: Burbank et al.
 Serial No.: 10/004,987
 Filed: December 4, 2001
Our Ref.: 9619.1012

Attached is the response to the Office Action mailed April 17, 2002, subsequent Interview Summary of July 17, 2002.

IF FAX IS INCOMPLETE, PLEASE CALL (415) 409-2900.

THIS FAX MAY CONTAIN PRIVILEGED OR CONFIDENTIAL INFORMATION. IF YOU RECEIVED THIS TRANSMISSION IN ERROR, PLEASE CALL THE ABOVE NUMBER. COLLECT CALLS WILL BE ACCEPTED. ANY USE OF THIS FAX OTHER THAN BY THE ADDRESSEE IS PROHIBITED.

TIME COMPLETED:
 OPERATOR:

SFO 4072741 v1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Examiner: M. Hindenburg
Burbank et al.)
 For: **METHODS AND APPAATUS FOR SECURING**)
MEDICAL INSTRUMENTS TO DESIRED)
LOCATIONS IN A PATIENT'S BODY)
 Serial No.: 10/004.987)
 Filed: December 4, 2001)
 Atty. Docket No.: 9619.1012)

TRANSMITTAL

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this paper is being facsimiled (703) 305-3590, addressed to Examiner M. Hindenburg,
 U.S. Patent and Trademark Office, Washington D.C. 20231 on _____, in San Francisco, CA.
 By: _____

Commissioner for Patents
 U.S. Patent and Trademark Office
 Washington, D.C. 20231

Facsimile (703) 305-3590

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Response to Office Action.
2. Claim Fee Calculation

No additional claim fee is required.
 Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	202	9 - 3=	6 x	\$42=	\$ 252
Total Claims	203	42 - 20 =	22 x	\$9=	\$ 198

Total Claim Fees \$450

3. Applicants hereby requests an Extension of Time for one (1) month from 7/17/02 to 8/17/02, under 37 CFR §1.17(a)(1), (Fee Code 215)..... \$ 55

Total Fees Due \$ 505

5. Payment of Fees:

Please charge the total fee amount due of \$505 to Deposit Account No. 13-0201, referencing Atty. Docket No. 9619.1012.

The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 13-0201, referencing Atty. Docket No. 9619.1012. A duplicate copy of this transmittal is enclosed.

By:



Edward J. Lynch
Registration No. 24,422
Attorney for Applicants

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Examiner: Max F. Hindenburg

Burbank et al.) Group Art Unit: 3736

For: METHODS AND APPARATUS FOR) Customer No.: 23422
SECURING MEDICAL INSTRUMENTS)
TO DESIRED LOCATIONS IN A)
PATIENT'S BODY)Serial No.: 10/004,987)
Filed: December 4, 2001)
Docket. No.: 9619.1012)RESPONSE TO OFFICE ACTION

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

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U.S. Patent and Trademark Office, Washington D.C. 20231 on _____, in San Francisco, CA.
By _____Commissioner for Patents
U.S. Patent and Trademark Office
Washington, D.C. 20231**Facsimile (703) 305-3590**

Dear Sir:

In response to the Office Action mailed April 17, 2002, please amend the above-referenced application as indicated below

IN THE CLAIMS**Please cancel without prejudice claims 50 and 51.****Please amend claims 1, 55, 58 and 65 as follows:**

1. (Amended) A medical device for localization of target tissue comprising:

a shaft having a distal end, a proximal end defining a proximal direction, and a side, said distal end having a distal tip, said shaft being configured for placement of said distal end into a patient's body tissue at a desired location;

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